



Jessica J. Gurley
CLARK COUNTY SUPERIOR COURT ADMINISTRATOR

PO Box 5000 / Vancouver, WA 98666-5000 / 564.397.2150 / 564.759.6708 fax / jessica.gurley@clark.wa.gov

Re: ADOPTION, TITLE 13, and TITLE 26 GAL REGISTRY APPLICATION

Dear Applicant,

To be considered for our Registry, originals of the following must be submitted by mail or hand-delivered to the address provided:

1. Application Form (attached pages 2 - 6)
2. Oath of Guardian ad Litem (attached page 7)
3. Confidential Application and Release Form (attached page 8)
4. Your resumé/curriculum vitae
5. Proof of Title 13 GAL and/or Title 26 GAL approved mandatory initial certification training
6. WACIC Background Check

Additionally, please make sure to download and read the following:

1. [Guardian ad Litem Code of Conduct](#)
2. [Washington State GALRs](#) and [Clark County LGALRs](#)

Please mail the completed applications with all attachments and original signatures to:

Jessica Gurley
Superior Court Administrator
PO Box 5000
Vancouver, WA 98666-5000

Thank you for your interest in serving as a Guardian ad Litem for Clark County Superior Court.

CLARK COUNTY SUPERIOR COURT
GUARDIAN AD LITEM APPLICATION

The following information provided by you will be made available to the public for review:

Name: _____

Business Name or Firm: _____

Business Address: _____

City, State and Zip Code: _____

Business Phone: _____ Fax: _____

Alternate Phone: _____ (This will not be kept confidential.)

Email address: _____

WSBA or Washington State Certificate #: _____

1. I hereby apply to serve as

- ☐ Adoption GAL
☐ Dependency – Title 13
☐ Family Law – Title 26

2. I have never been convicted of a felony or a crime involving moral turpitude.

Must initial: _____

3. My formal education is as follows: _____

4. Please indicate the date, county and sponsor where you completed the initial mandatory training:

Training _____ Date: _____ County/Sponsor _____

Training _____ Date: _____ County/Sponsor _____

5. Number of years of experience as a Title 13 GAL/CASA _____ Title 26 GAL _____

6. Number of appointments as a Title 13 GAL/CASA Title 26 GAL and the county or counties of appointment:

7. Your knowledge, training, and experience in each of the following areas: general training related to Title 26 GAL duties; specific training related to issues potentially faced by children in dissolution, custody, paternity, and other family law proceedings; and specific training or education related to child disability or developmental issues. Attach additional pages as necessary; please do not refer to resumé/curriculum vitae, as part of your response.

8. Identify the names of any counties in which you have been removed from a GAL Registry pursuant to a grievance action, the name of the court and cause number of any case in which the court has removed you for cause, and any founded allegations of abuse or neglect against you as defined in RCW 26.44.020:

9. The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):

10. I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced which could lead to professional discipline or suspension, removal or suspension from any county's GAL Registry, the suspension or revocation of my professional license, and/or the filing of criminal charges for a felony or crime involving allegations of theft, dishonesty or moral turpitude. **Must initial:** _____

11. My private pay Guardian ad Litem fees are as follows: \$_____ Retainer and \$_____ per hour. Other: (if applicable) _____

12. The following **must** be included with this application (**check the item below to acknowledge inclusion with your application**):

- ☐ If you are a new applicant, copy of the certificate from the training provider evidencing successful completion of the mandatory Title 26 GAL initial training.
- ☐ Resumé/curriculum vitae, showing work and professional or personal experience in or related to the Title 26 GAL Registry that would assist in the performance and completion of Guardian ad Litem duties.
- ☐ Completed and signed statements regarding professional complaints, investigations, or disciplinary actions and claims or litigation (pages 5-6).
- ☐ WACIC: Obtain criminal background check through the Washington State Patrol website www.wsp.wa.gov/crime/criminal-history
- ☐ Signed Oath of Guardian ad Litem (page 7).
- ☐ Signed release of information directed to all professional regulatory bodies, which have licensed or supervised the applicant within the last ten years (page 8)

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20_____ at

(city and state)

Signature of applicant

PROFESSIONAL COMPLAINTS, INVESTIGATIONS OR DISCIPLINARY ACTIONS

(Please check one box below)

- ☐ Description of the nature, status and outcome of any founded professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims, and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties. Please provide summary and outcome only and attach additional pages if needed.

- ☐ I affirm that there have been no founded professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____

Signature

Print name

(Please check one box below)

☐ Description of any claims, or litigation that has been commenced, involving allegations of improper fee charge, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct. Please provide summary and outcome only and attach additional pages if needed.

☐ I affirm that there have been no claims or litigation involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct.

Date: _____

Print name

OATH OF GUARDIAN AD LITEM

I am on the Guardian ad Litem registry for Clark County. Whenever appointed to act as Guardian ad Litem, I will perform all duties required of me by law. By my signature below and my initials on the attached, I acknowledge I have read the attached Clark County Superior Court Guardian ad Litem Code of Conduct and agree to be bound and will abide by the same.

I declare, under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

Date: _____

Signature

Print name

Business address

City, state, zip code

Business telephone number

**CLARK COUNTY GUARDIAN AD LITEM
CONFIDENTIAL APPLICATION AND RELEASE**

The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:

Full Name: _____ Date of Birth: _____
(including middle name)

Maiden Name: _____ All Aliases: _____

Driver's License #: _____ Email Address: _____
(**mandatory**)

Address: _____ Telephone #: _____

Zip Code Fax #: _____

RELEASE
(To be enclosed with your application)

TO:

<input type="checkbox"/> Washington State Bar Association	<input type="checkbox"/> Washington State Medical Association
<input type="checkbox"/> Washington State Nursing Commission	<input type="checkbox"/> Washington Board of Psychology
<input type="checkbox"/> Washington State Department of Licensing	<input type="checkbox"/> Other: _____

I, _____, (Professional License No.: _____), hereby authorize you for the purpose of my application and/or work as a Clark County Guardian ad Litem, to release information to and discuss such information with:

Superior Court Administrator
Clark County Superior Court
PO BOX 5000
Vancouver, WA 98666-5000

This RELEASE includes, but is not limited to, all records and information concerning any official disciplinary action or any pending active investigation you have with regard to me.

Signature/Date